



**POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT**

REGION

I

SITE NUMBER (to be assigned by Hq)

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Truk-Away Landfill		B. STREET (or other identifier) Industrial Drive 1.3	
C. CITY Warwick	D. STATE RI	E. ZIP CODE	F. COUNTY NAME Kent
G. SITE OPERATOR INFORMATION		2. TELEPHONE NUMBER	
1. NAME N/A inactive site			
3. STREET	4. CITY	5. STATE	6. ZIP CODE
H. REALTY OWNER INFORMATION (if different from operator of site)			
1. NAME Theodore Francis Green State Airport		2. TELEPHONE NUMBER	
3. CITY Warwick	4. STATE RI	5. ZIP CODE	
I. SITE DESCRIPTION Former landfill covered and vegetated, completely secured by a locked barbed wire fence.			
J. TYPE OF OWNERSHIP			
<input type="checkbox"/> 1. FEDERAL <input checked="" type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE			

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.) 8/82	B. APPARENT SERIOUSNESS OF PROBLEM		
	<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE		
C. PREPARER INFORMATION			
1. NAME Lori J. Fucarile, Ecology and Environment, Inc.		2. TELEPHONE NUMBER (617) 935-4008	3. DATE (mo., day, & yr.) 7/22/82

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION		
1. NAME Lori J. Fucarile		2. TITLE Environmental Scientist
3. ORGANIZATION Ecology and Environment, Inc.		4. TELEPHONE NO. (area code & no.) (617) 935-4008
B. INSPECTION PARTICIPANTS		
1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Keith Brown	Ecology and Environment, Inc.	(617) 935-4008
Frank Stevenson	R.I. Department of Environmental Management	(401) 277-2797
Oscar Leonhart	R.I. Department of Transportation	(401) 739-4140
C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)		
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
N/A		



SDMS DocID

583377

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (source)

N/A

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED

E. TRANSPORTER/HAULER INFORMATION

N/A

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION
(mo., day, & yr.)

July 22, 1982

H. TIME OF INSPECTION

10:30 a.m.

I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

J. WEATHER (describe)

Heavy rain

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER	X	Ecology and Environment, Inc., Region I	7/82
c. WASTE			
d. AIR	X	Ecology and Environment, Inc., Region I	7/82
e. RUNOFF	X	Ecology and Environment, Inc., Region I	7/82
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
HNu/OVA	West leachate plume	HNu 100-150 ppm OVA GC/MS 2 ppm tetrachloroethylene
HNu/OVA	Southeast leachate plume	50-100 ppm 2 ppm toluene
HNu/OVA	Southwest leachate plume	0 0
HNu/OVA recycled paper	Buckeye Brook	ecology and environment

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

☒ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

R.I. Department of Environmental Management

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS: U.S.G.S. East Greenwich 7.5 minute series topographical map.

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

71° 25'

2. LONGITUDE (deg.-min.-sec.)

41° 42' 30"

V. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☒ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER(specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO ☐ 2. YES(specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

30 acres

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES(specify): one abandoned cement building

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input type="checkbox"/> B. STORER	<input type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	5. MIDNIGHT DUMPING
6. OTHER(specify):	6. OTHER(specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER(specify):
		9. OTHER(specify):	

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.

☐ 1. STORAGE ☐ 2. INCINERATION ☒ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL

☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. LIQUID ☒ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☒ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☒ 9. OTHER(specify): municipal refuse

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No records available, information regarding waste characteristics from informant.

VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT Unknown		AMOUNT Unknown		AMOUNT		AMOUNT Unknown	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS		<input checked="" type="checkbox"/> (1) OILY WASTES		<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (1) ACIDS		<input checked="" type="checkbox"/> (1) FLYASH		<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER(specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/>	(4) MUNICIPAL	
(5) OTHER(specify):						<input checked="" type="checkbox"/> (5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER(specify):	
						(6) CYANIDE		(6) OTHER(specify):			
						<input checked="" type="checkbox"/> (7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER(specify):					

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			* 3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VA-POR	a. HIGH	b. MED.	c. LOW	d. NONE			
Chlorobenzene		X			X				Unknown	
phenols		X			X				Unknown	
toluene		X			X				Unknown	
*(as ranked by HRS system)										

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

N/A

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

N/A

☐ C. WORKER INJURY/EXPOSURE

N/A

☐ D. CONTAMINATION OF WATER SUPPLY

N/A

☐ E. CONTAMINATION OF FOOD CHAIN

N/A

☐ F. CONTAMINATION OF GROUND WATER

Unknown

☐ G. CONTAMINATION OF SURFACE WATER

Not evident in 7/82 E&E sampling of Buckeye Brook GC/OVA analysis

VIII. HAZARD DESCRIPTION (cont.)

☐ H. DAMAGE TO FLORA/FAUNA

None

Site highly vegetated

☐ I. FISH KILL

N/A

☒ J. CONTAMINATION OF AIR

Only in immediate vicinity (2 feet above ground) of leachate seep.

☒ K. NOTICEABLE ODORS

Only in immediate vicinity (2 feet above ground) of leachate seep.

☒ L. CONTAMINATION OF SOIL (on-site)

Due to leachate seeps from landfill.

☐ M. PROPERTY DAMAGE

N/A

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

N/A

☒ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

Leachate seeps from landfill entering surface water surrounding landfill which then enters Buckeye Brook.

☐ P. SEWER, STORM DRAIN PROBLEMS

N/A

☐ Q. EROSION PROBLEMS

N/A

☐ R. INADEQUATE SECURITY

No

Site highly secure (Locked gate, barbed-wire fence surrounding the whole site).

☐ S. INCOMPATIBLE WASTES

N/A

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

N/A

☐ U. OTHER (specify):

N/A

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	87,000	Entire City of Warwick	Unknown	3 mi radius
2. IN COMMERCIAL OR INDUSTRIAL AREAS	Unknown	Unknown	Unknown	
3. IN PUBLICLY TRAVELLED AREAS	Unknown	Unknown	Unknown	
4. PUBLIC USE AREAS (parks, schools, etc.)		Unknown	Unknown	3 mi radius

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) 3-20 feet	B. DIRECTION OF FLOW northeast assume same as surface water flow	C. GROUNDWATER USE IN VICINITY drinking water (2100 private wells)
D. POTENTIAL YIELD OF AQUIFER N/A	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) approximately 9 miles	F. DIRECTION TO DRINKING WATER SUPPLY northwest
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input checked="" type="checkbox"/> 2. COMMUNITY (specify town): <u>Warwick, R.I. (Scituate Reservoir)</u> > 15 CONNECTIONS		
<input checked="" type="checkbox"/> 3. SURFACE WATER <input type="checkbox"/> 4. WELL		

X. WATER AND HYDROLOGICAL DATA (continued)

None

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')

I. RECEIVING WATER

1. NAME Buckeye Brook
to Narragansett Bay☐ 2. SEWERS☒ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Buckeye Brook classified as a class B waterway by the R.I. Department of Health.

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☒ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

A. OVERBURDEN	B. BEDROCK (specify below)	C. OTHER (specify below)
<input checked="" type="checkbox"/> 1. SAND medium to coarse grained	<input checked="" type="checkbox"/> consolidated, igneous, metamorphic & sedimentary (at 70 ft below surface)	<input checked="" type="checkbox"/> overburden: some peat
<input checked="" type="checkbox"/> 2. CLAY		
<input checked="" type="checkbox"/> 3. GRAVEL		

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☒ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES☐ 2. NO

3. COMMENTS:

Unknown

H. DISCHARGE AREA

☐ 1. YES☐ 2. NO

3. COMMENTS:

Unknown

I. SLOPE

1. ESTIMATE % OF SLOPE

Unknown

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

North to South

J. OTHER GEOLOGICAL DATA

Site is in low lying area classified as Mineral Swamp by the Rhode Island Department of Natural Resources.

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
inactive site							

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

In 1977 site was closed, covered and vegetated.. Theodore Francis Green State Airport purchased the property to expand the airport.

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

LANDFILL SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary.

1. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc)

☐ YES ☒ NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL

☐ YES ☒ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK

☐ YES ☐ NO N/A

4. WASTES SURROUNDED BY SORBENT MATERIAL

☐ YES ☐ NO N/A

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED

☐ YES ☐ NO N/A

6. EVIDENCE OF PONDING OF WATER ON SITE

☒ YES ☐ NO E&E Site Inspection 7/82

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING

☒ YES ☐ NO E&E Site Inspection 7/82

8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type)

☐ YES ☒ NO

8a. SURFACE LEACHATE SPRING

☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS

☒ YES ☐ NO E&E Leachate analysis 7/82

10. GAS MONITORING

☐ YES ☒ NO

11. GROUNDWATER MONITORING WELLS

☐ YES ☒ NO No groundwater wells within 1 mile of site.

12. ARTIFICIAL MEMBRANE LINER INSTALLED

☐ YES ☒ NO

13. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc)

☐ YES ☒ NO

14. FIXATION (Stabilization) OF WASTE

☐ YES ☒ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY

☒ YES ☐ NO E&E Site Inspection 7/82

16. COVER (Type)

Soil

16a. THICKNESS

Unknown

16b. PERMEABILITY

Unknown

16c. DAILY APPLICATION

☐ YES ☒ NO

Site is inactive